

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90003 009 ***158.75

DOCUMENT # G48618

1. Entity Name
INTERNATIONAL GEM MERCHANTS, INC.

Principal Place of Business
**4168 OXFORD AVE
 JACKSONVILLE FL 32210-1458**

Mailing Address
**4168 OXFORD AVE
 JACKSONVILLE FL 32210-3356**

916392



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4495 ROOSEVELT BLVD
 Suite, Apt. #, etc. **SUITE 310**

3. Mailing Address
4495 ROOSEVELT BLVD
 Suite, Apt. #, etc. **SUITE 310**

City & State
JACKSONVILLE FL
 Zip **32210-3356** Country **USA**

City & State
JACKSONVILLE FL
 Zip **32210-3356** Country **U.S.A.**

4. FEI Number **59-2578040**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BROOKS, DANA LOUISE
4168 OXFORD AVE
JACKSONVILLE FL 32210-1458

7. Name and Address of New Registered Agent
 Name **Simon D. Rothstein, Esquire**
 Street Address (P.O. Box Number is Not Acceptable)
Suite 104, 4417 Beach Boulevard
 City **Jacksonville FL** Zip Code **32207**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE DATE **2/18/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROOKS, DANA LOUISE 4168 OXFORD AVE JACKSONVILLE FL 32210-1458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SMITH, DANIELLE EDITH 4168 OXFORD AVE JACKSONVILLE FL 32210-1458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROOKS, DANA LOUISE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4495 Roosevelt Blvd #310 JACKSONVILLE FL 32210-3356
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SMITH, DANIELLE EDITH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4495 Roosevelt Blvd #310 JACKSONVILLE FL 32210-3356
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **15 Feb 2000** DAYTIME PHONE # **904 388 5130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)